AADAC 2005
ENVIRONMENTAL SCAN

JUNE 2005

AADAC
Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

"The ultimate goal of environmental scanning is to help an organization learn about the external environment in order to increase its responsiveness and flexibility in decision-making."[1] (Albright, 2004, p. 45)

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EXECUTIVE SUMMARY

As an integral part of AADAC's strategic planning, this environmental scan provides information on addiction-related issues that may have an impact on AADAC's work in the future. The document includes a broad spectrum of information from external and internal sources, and highlights key themes and issues that can be used to help develop strategic priorities. Following is a summary of findings.

Demographic

Changes in Alberta's demographic composition have the potential to affect AADAC services to Albertans. The continued growth in Alberta's population results in increased volume and requests for AADAC services. Housing shortages and homelessness appear to be increasing and have implications for addictions treatment and recovery. The anticipated increase in the young adult population (19 to 24) will lead to increased service demands for this age group. Accelerated growth in the senior population suggests that AADAC should assess it preparedness to provide age-appropriate information, prevention and treatment. AADAC will also need to consider how to address the growing number of employees providing care to elderly family members. Opportunities exist to improve service reach for youth and families. The number of clients presenting with concurrent disorders has implications for staff workload and training.

Economic

The strong economy is predicted to last for several years to come. Trends in Alberta's economy and the labour force affect employment and recruitment of staff, staff training and staff wellness. In response to growing diversity, AADAC will need to assess its ability to meet the needs of its workforce (e.g., retirement, casual staff, staff shortages).

Technology

Emerging trends in technology will continue to play a major role in the addictions field and contribute to society's understanding of and response to substance use and gambling problems. AADAC staff continue to comment on the potential use of the Internet and new technology to

support the increasing number of clients requesting services. The growing body of knowledge related to genetics and biotechnology may be useful in removing some of the stigma associated with addiction, thereby increasing the number of people willing to explore information and treatment options.

Governance

There are significant trends in collaboration, legislation and policy related to substance use and gambling that may affect AADAC's business. Collaborative efforts in a variety of areas will have an effect on the prevention and treatment of substance use and gambling. Pending legislative and policy changes related to alcohol, tobacco, other drugs, and gambling will require ongoing monitoring. AADAC may be expected to provide additional information on cannabis reform legislation. Expansion of casino gambling may result in increased service demand, especially among First Nations communities.

Substance Use and Gambling

Global attention is now focusing on the toll that alcohol use exacts on public health. Alcohol use remains the area of most concern for AADAC clients. High rates of alcohol consumption, heavy drinking and alcohol-related harm in Alberta suggest that this public health problem will require additional monitoring.

Cannabis and cocaine/crack use are of increasing concern, especially among youth. Information on amphetamine use is mixed, yet early evidence suggests that this trend may be stabilizing. Use of inhalants and solvents may require close attention.

There is increased attention to the misuse of prescription and over-the-counter products, especially among youth. The use of OxyContin® and other opiate-based pain medication appears to be growing. Attention should be paid to the increased number of prescriptions for higher strength OxyContin® products in Alberta.

Tobacco use will continue to offer considerable policy and service demands. Global and local approaches to reducing smoking harm are increasing and the benefits are beginning to be felt. However, there are challenges related to responding to community needs in the face of the

ongoing debate about government regulation of smoking in public places and at work. Smokeless tobacco use continues to be a concern.

Gambling will remain a major policy issue in Canada and Alberta (see *Governance*), and the rapid expansion of Internet gambling will require monitoring. The effect of Internet gambling on problem gambling rates is unknown.

INTRODUCTION

"Environmental scanning—the internal communication of external information about issues that may influence an organization's decision-making process—can identify emerging issues, situations, and potential pitfalls that may affect an organization's future."[1] (Albright, 2004, p. 38)

In the fall of 2003, AADAC's Corporate Planning Committee (CPC) recommended the introduction of a formalized environmental scanning process to support strategic planning by the Commission Board and CPC. The Commission Board recommended that AADAC's Environmental Scan be completed annually.

The first AADAC environmental scan was released as an internal document in June 2004. Evaluation results show that, although the scan was intended for strategic planning by the AADAC Commission Board and CPC, it was also used by staff for reference, fact-checking, operational planning (e.g., business plans, unit plans, program planning), writing applications to secure funding (by funded agencies), and preparing training courses and presentations.

This 2005 environmental scan is similar to that of 2004. The data collection process is the same, combining externally collected data with information gathered from AADAC staff. The document contains the same headings (demographics, economics, technology and governance); however, the last section focuses specifically on trends in substance use and gambling rather than on health.

Based on staff feedback, this year's version has been modified with the addition of the following to each section: "What Is Happening?" contains information from external sources and italicized AADAC staff comments. "Why Does This Matter?" summarizes information and reviews implications for AADAC.

I. DEMOGRAPHICS

This section explores provincial growth and discusses specific issues related to youth and families, the aging population, and client demographics.

A. What Is Happening?

i) Population Growth (See also, Economics)

- Alberta's population[a] is expected to grow steadily to between 3.3 and 3.5 million by 2011.[2]

"There are increasing numbers of clients in our group programs. We are outgrowing our present facility. There are staff pressures to address increasing numbers of clients and community expectations are also increasing." (AADAC Staff Input)

- While cities will continue to gain more people, Alberta's rural metro-adjacent areas[b] (RMAs) have experienced, and are predicted to continue to experience, the most growth.[2]
  - Rural residents are moving closer to the city and city residents are moving out from the urban core.
  - RMAs are younger, family-oriented areas with diverse incomes and high levels of employment.

There are many new residents in the community who need information regarding services.

"There are many new residents in the community who need information regarding services." (AADAC Staff Input)

- Areas in Alberta that will experience the most population growth are
  - Fort McMurray area because of oil sands activity.[3]

"We are experiencing population increase resulting from increased oil industry activity in the area. There is a spin off impact on community and service requests because of increased population and transient workers." (AADAC Staff Input)

  - Calgary has one of the highest rates of immigration in Canada; one-fifth of its population comes from areas such as Asia, Africa and Latin America.[4]

[a] Not including immigration or inter-provincial migration.
[b] RMAs are defined as areas outside of, but directly adjacent to, core urban areas (e.g., within commuting distance).

"As the population in Calgary expands so does the need for AADAC to offer a range of services that can meet the needs of a diverse population that includes new Canadians, refugees, English as a second language, etc." (AADAC Staff Input)

- There is identified tension between municipalities and other groups (e.g., federal and provincial governments, First Nations) around revenue sources and responsibility for services (e.g., housing, transit, infrastructure).[5]
- Over one-third (36%) of Alberta's Aboriginal people live in Edmonton and Calgary. They report that federal-municipal jurisdictional issues present barriers in receiving services.[5]
- The initial movements toward First Nations self-government in Alberta may have implications for service delivery to status Indians.[5]

"There are requests for services and clarification from the local First Nations reserve. First Nations groups are expressing frustration with changes around accessing treatment facilities." (AADAC Staff Input)

- Some Alberta communities with declining populations, static growth and a decreasing tax base are experiencing challenges in providing services while public expectation for access to services is increasing.[5]

"Rural issues include inadequate resources, the advent of new drugs requires enhanced information dissemination, and poverty is a barrier to access. Clients prefer to access services close to home, isolation in rural areas is a given. Access can be expensive for rural clients." (AADAC Staff Input)

"Clients continue to be in need of detoxification but are unable to travel to Edmonton. More clients are referred to hospital, which requires increased educational support for hospital staff to provide appropriate treatment for clients. There is a particular need for information on methamphetamine/ cocaine detox issues." (AADAC Staff Input)

- A report from the Canadian Policy Research Network suggests that 100,000 Canadians have no homes and 1.7 million are unable to afford adequate and suitable housing, especially single parents, Aboriginal people, seniors and recent immigrants.[6]
- Larger Canadian communities "are experiencing severe shortages of affordable housing, growing poverty, and a higher degree of concentration of poverty in specific neighbourhoods among young and working age people, especially visible minorities."[7]

"We have a very dynamic economy, multiple new sub-divisions, low vacancy rate for rentals and no new town lots available. Housing is difficult to find." (AADAC Staff Input)

- The homeless population is on the rise and is increasingly diverse, made up of youth, Aboriginal people, immigrants, refugees and people with mental illness or substance use problems.[8]

The homeless population is on the rise and is increasingly diverse, made up of youth, Aboriginal people, immigrants, refugees and people with mental illness or substance use problems.

"Lack of suitable housing may prevent clients from accessing and/or completing treatment. This is a treatment barrier that increases risk of relapse, especially for women and children. It complicates treatment and recovery." (AADAC Staff Input)

- Homeless pregnant women with drug-related problems heighten the need for outreach services to the homeless population.[9]

"Clients present with complicated issues that can be very stressful and time-consuming for counsellors. Often, we take on the role of advocate for the disenfranchised or find that we need to help clients with life skills and creating a stable environment before addressing addiction concerns." (AADAC Staff Input)

- A recent study in Toronto found that drug use is higher among homeless teens than other teens; this issue is compounded by concurrent disorders and lack of residential treatment facilities.[9]

Lack of suitable housing may prevent clients from accessing and/or completing treatment. This is a treatment barrier that increases risk of relapse, especially for women and children. It complicates treatment and recovery.

"Changes in the external environment are increasing client/community demands on the addictions treatment continuum. There is a reported decrease in access to and availability of external services and supports for addiction clients in two major areas. First is in the area of safe and affordable housing options for individuals that may require enhanced community support to maintain their recovery. Second is in the support to maintain whatever recovery they have attained (meeting basic needs, ready access to other community services including out-patient counselling). Lack of client access to these supports increases pressure on the addiction treatment continuum and agencies respond by using client beds for purposes other than originally designated (e.g., longer stay for detox clients waiting for treatment bed)." (AADAC Staff Input)

"In the face of changing client demographics, it becomes important to explore how to streamline access to counsellors and/or residential treatment, client admissions (e.g., the number of times a client can be admitted each year), revolving door syndrome (e.g., why clients move in and out of treatment) and client outcomes (versus client numbers)." (AADAC Staff Input)

ii) Youth and Families (See also, Governance, Substance Use and Gambling)

- Youth populations in Alberta are predicted to decrease among children (5 to 13 years old) and teens (aged 14 to 18) up to 2011 and then level out until 2026.[10]
- Aboriginal students (age 5 to 19) make up about 8% of Alberta's school age population.[5] There will be a growing presence of Aboriginal youth in schools, especially in Edmonton.[10]

"The increasing student population from First Nations reserves in local schools creates controversy over who should provide services in the schools." (AADAC Staff Input)

"Providing services to the children whose parents are in treatment is currently a gap. Successful outcomes for adults in treatment are dependent on family support and participation including their children." (AADAC Staff Input)

- The young adult population (aged 19 to 24), which began to increase in 2001, will continue to do so until about 2011; it will then begin to decrease up to 2026.[10]
- Initial evidence indicates a narrowing of the substance use gap between males and females in younger cohorts, which may translate into an increase in overall prevalence in the future.[11, 12]

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- In 2003–04, the most commonly reported substances of concern by youth clients admitted to AADAC treatment, were cannabis (28%), tobacco (22%) and alcohol (15%).[13]
- Recent research suggests that because of their unique brain development (i.e., regions of the brain that direct impulse and motivation), adolescents are more vulnerable than other age groups to developing problems related to substance use. This information has implications for viewing youth addiction as a developmental disorder and subsequent treatment and prevention of substance abuse among youth.[14, 15]

"An increasing awareness in the community about substance use and abuse by young people has contributed to growing requests for on-site services in the community. In Calgary there has been an increase in requests for additional youth mobile service sites in schools but the capacity of ADDAC Youth Services mobile service has not increased and we cannot meet the demand for additional sites." (AADAC Staff Input)

"We are getting increased requests from parents and allied professionals for youth detox and residential treatment. There is increasing pressure to remain credible in a changing community." (AADAC Staff Input)

"There is a lack of residential treatment for teens. It is difficult for teens from rural settings to travel to urban settings and reside in a strange home and learn complicated transportation systems. The resources used in urban centres are not available in rural areas (e.g., teen support groups, recreation facilities). Matching teen's needs to programs is a concern (e.g., Aboriginal programming is not accessible or affordable). The family component to adolescent treatment is not affordable or accessible to most families living outside of urban areas." (AADAC Staff Input)

iii) Aging Population

- Canada is entering the "silver century" as the population ages.[18] The first of the baby boomers are beginning to enter their sixties.[16]
- The senior population (age 65 and over) in Alberta is expected to increase gradually until 2011, with accelerated growth until 2026.[17]
- Pressure to provide services to this population will be felt most strongly around 2010.[16]
- Seniors are living longer than in the past and experiencing aging differently.[18, 17]
  - More seniors are living in their own home as they age, often beyond age 85.
  - The decreasing gap in life expectancy between women and men means there will be more elderly couples.

"The growing movement to provide services that assist "aging-in-place" may be felt through an increased call for delivery of addiction services to seniors in their homes or to respond to calls from caregivers concerned about an elder in their care." (AADAC Staff Comment)

- There are significant population shifts predicted for regions of Alberta based on the concentration of seniors in certain areas.[2]
- Almost 2.3 million seniors in Canada with chronic health problems or disabilities are receiving care from 1.7 million adults (aged 45 to 64). The majority of these carers are family members who are employed in the labour force.[19]
- Although gambling and problem gambling is less prevalent among older adults, research suggests the need to monitor future generations who will have had more exposure to gambling and who may have different views, values and attitudes than the current cohort of seniors.[20]

Although alcohol has been the substance of concern for seniors in treatment in the past, about half now report concerns with other drugs. This is the first generation to be exposed to widespread recreational drug use yet raised in an era where seeking treatment was not common practice.

- A longitudinal study in the United States suggests that although alcohol consumption generally decreases with age, it is declining more slowly among recent senior cohorts. The authors predict a possible increase in negative health affects associated with alcohol use by seniors.[21]

"The aging population creates need for specialized services. There are no residential placements for active alcoholic seniors, such as seniors evicted from nursing homes." (AADAC Staff Input)

- Although alcohol has been the substance of concern for seniors in treatment in the past, about half now report concerns with other drugs. This is the first generation to have been exposed to widespread recreational drug use yet raised in an era where seeking treatment was not common practice.[22]

"We have noticed a continuing increase in crack cocaine and cocaine use showing up in alcohol treatment clients ages 45 to 65. Generally, older clients reported using alcohol only. Now they report using cocaine/crack, which means that they sometimes require longer detoxification to withdraw from two substances at the same time. We may need to change the way we deal with our older clients. Elderly clients often require a longer detox; adding cocaine further complicates or exacerbates detox." (AADAC Staff Input)

- A recent study found that the prevalence of substance use was higher than expected among those in mid-life (aged 35).[23] The bulk of Alberta's population is now 40 years of age and older.[18]
- Of the 955 deaths occurring among seniors and investigated by the Alberta Medical Examiner from 2000 to 2003, 7% were related to alcohol or drug misuse.[24]

iv) Concurrent Disorders

Addictions and mental health will continue to emerge as a national and provincial issue. The future emphasis will be on organizational partnerships, increasing awareness of prevalence and addressing

- Addictions and mental health will continue to emerge as a national and provincial issue. The future emphasis will be on organizational partnerships, increasing awareness of prevalence and addressing discrimination and stigma.[25]

"An area of note is the steady increase in clients who have concurrent disorders, an addiction as well as mental health concerns. These concerns vary from depression to anxiety, and personality disorders to schizophrenia. Often alcohol is the substance of choice, but it is inappropriately combined with a variety of prescribed medications (e.g., anti-depressants, anti-psychotics, sleep aids, muscle relaxants and painkillers, often opioids). These cases are more complicated to deal with, require longer care and relapse is more frequent." (AADAC Staff Input)

- Psychotherapeutics (e.g., tranquillizers, stimulants, antidepressants, lithium) ranked number two in the top 10 classes of prescribed medications in Canada in 2004; with a 7% increase from 2003.[26]
- Women are more likely than men to use prescription drugs such as pain relievers, sleeping pills, and tranquillizers, many of which have an addiction liability and may carry long-term negative health consequences.[27]

"We are also seeing more clients presenting with concurrent disorders and complex problems (e.g., women with severe depression or clients who are suicidal). More women seem to be coming forward to talk about abuse and family violence issues." (AADAC Staff Input)

"Agencies are more willing to work together using a multidisciplinary approach to case conferencing mutual clients. There have been enhanced working relationships with mental health workers, physicians and psychiatrists in the past year." (AADAC Staff Input)

- Seniors with mental illness and addiction are a particularly vulnerable segment of the population with unique health needs.[28]

B. Demographics: Why Does This Matter?

Changes in Alberta's demographic composition have the potential to affect AADAC services to Albertans. The continued growth in Alberta's population results in increased volume and requests for AADAC services. Housing shortages and homelessness appear to be increasing and have implications for addictions treatment and recovery. Accelerated growth in the senior population suggests that AADAC should assess its preparedness to provide age-appropriate information, prevention and treatment. AADAC will also need to consider how to accommodate the growing number of employees providing care to elderly family members. The anticipated increase in the young adult population (19 to 24) will lead to increased service demands for this age group. Opportunities exist to improve service reach for youth and families. The increased number of clients presenting with concurrent disorders has implications for staff workload and training.

"Changing demographics and increasing client complexity result in the need to adapt programming for age, substance and client complexity." (AADAC Staff Input)

"There appears to be an increase in the volume of requests for services in general. The additional increased demand from high-needs clients requires more staff and staff with specialized training. These complex needs place extra demands on staff to address a wide variety of social issues as well as treatment needs. For example, trying to find housing or financial support for youth or homeless people, or linking with other transitional agencies until clients can enter residential treatment." (AADAC Staff Input)

II. ECONOMICS

This section briefly explores trends in the economy and Alberta's labour force and implications for AADAC and its workforce.

A. What Is Happening?

i) Economy

- Oil sands production is predicted to help Alberta maintain one of the strongest economies in Canada through to 2025.[29] Energy sector strength will contribute to solid economic growth into 2007 despite the BSE (bovine spongiform encephalopathy) crisis, and despite fluctuations in currency and oil prices.[30, 31]

"BSE issues and other agricultural-related issues create added stress to farm families as well as local businesses (business revenue down, layoffs, etc.)."
(AADAC Staff Input)

- Alberta's economic growth is concentrated in the Edmonton–Calgary corridor and the Fort McMurray area, creating increased pressure on provincial and municipal infrastructure.[5]

"We have a highly transient workforce. People are employed away from their family, which creates loneliness and the potential for chemical abuse."
(AADAC Staff Input)

- Positive inter-provincial migration will continue in Alberta but at a slower pace (about 20,000 people per year) as other provincial economies pick up.[16, 5]

Alberta can expect healthy job creation, solid employment growth, a falling unemployment rate, and strong disposable income growth into 2007

- Alberta can expect healthy job creation, solid employment growth, a falling unemployment rate, and strong disposable income growth into 2007.[32, 30]

"The continuing trend of recruiting staff to northern communities is difficult."
(AADAC Staff Input)

- An employment growth of 1.8% annually is predicted to 2008, adding over 150,000 new workers.[16]

ii) AADAC Labour Force

- Alberta industries expecting growth include utilities; health care and social assistance; professional, scientific and technical services; and manufacturing.[16]
- There are predicted shortages for experienced health care professionals, especially nurses.[33, 16]
- The average age of Alberta's nurses is 43 years and close to 30 percent of them are over 50.[34]
- Role of women at work will shift as women assume significant positions of leadership.[35]

"Education and training has a high priority within AADAC to develop leadership capacity." (AADAC Staff Input)

The workforce is becoming more diverse, with proportionally more working women, working mothers, dual-income families, and employees caring for aging parents and/or children.

- The workforce is becoming more diverse, with proportionally more working women, working mothers, dual-income families, and employees caring for aging parents or children.[5]

"Staff mental health is important if we are to remain a healthy organization." (AADAC Staff Input)

- Work-life balance is becoming increasingly important in creating a productive workplace that is able to recruit and retain employees.[5] Flexible employment will become increasingly popular.[35]

"Reduced hours and part-time work to accommodate lifestyle choices is becoming more popular." (AADAC Staff Input)

- The number of Albertans staying in the workforce beyond age 65 is increasing; the employment rate was 11% in 2003, up from 9% in 2001.[5]

Demographics are requiring AADAC to examine its support systems for employees who are in transition from employment to retirement.

"Demographics are requiring AADAC to examine its support systems for employees who are in transition from employment to retirement. The aging population is driving a need to examine more flexible working arrangements to accommodate the staff easing into retirement on a part-time basis prior to retiring full-time." (AADAC Staff Input)

B. Economic: Why Does This Matter?

The strong economy is predicted to last for several years to come. Trends in Alberta's economy and the labour force affect employment and recruitment of staff, staff training and staff wellness. In response to growing diversity, AADAC will need to assess its ability to meet the needs of its workforce (e.g., retirement, casual staff, staff shortages).

III. TECHNOLOGY

This section explores emerging trends in the field of technology and biotechnology as they relate to addictions and health.

A. What Is Happening? (See also, *Substance Use and Gambling*)

i) General

- Most Canadians have access to the Internet (78%) and access from home (67%). Wireless Internet access is growing.[36]

"High usage of the Internet in rural Alberta and remote areas prompts AADAC about access to services and what service delivery tools might be made available to this population. Pre-screening assessment tools, self-help information could be made available. This also prompts the marketing issues of making this target group aware of AADAC's services and appropriate treatment options." (AADAC Staff Input)

- Computers are playing a role in a widening social gap, the so-called "digital divide." Aboriginal people are more likely than the general Canadian population to be without telephone service (18% vs. 3%), a computer (52% vs. 36%) or Internet access (71% vs. 46%); tools that are considered necessary to participate in the information-based economy.[37]

"We are getting increased requests for 'computer counselling/support,' online programs people can use for addiction treatment as they have with tobacco cessation programs. Transportation barriers and work 'out in the bush' may limit people's access to treatment services/support." (AADAC Staff Input)

- Teens are more likely than adults to use the Internet for instant messaging, playing video games and downloading music.[36]

Narc is the first video game to openly integrate drugs into game play. The game allows players to take digital drugs (e.g., marijuana temporarily slows the game), experience blackouts and develop addictions.

- Narc is the first video game to openly integrate drugs into game play. The game allows players to take digital drugs (e.g., marijuana temporarily slows the game), experience blackouts and develop addictions. Other drug-related games will be released: Snow allows players to oversee the drug trade and Scarface involves cocaine use.[38]

- Internet access by the youth audience provides potential for addiction prevention. It will require not only the development of innovative next-generation online assessment and intervention tools, but also research and evaluation about the effectiveness of such tools in reaching the intended audience.[39]

"Given the number of new (younger, more techno savvy) AADAC staff there is an opportunity to bridge some technological gaps between the technophiles and technophobes to demonstrate the integration of technology (ASIST) and client/counsellor relationships. This will need to be fostered through incorporation of these concepts into Learning courses and informal mentoring between long-term and new staff to share perspectives gained from counselling experience and AADAC culture. Opportunity exists for creating a community of practice." (AADAC Staff Input)

- Canadians are using the Internet more often than in the past for on-line shopping.[36]

Vendor *magazine reports that the use of Web commerce by the liquor industry is much more extensive in Alberta than in other parts of North America.*

- *Vendor* magazine reports that the use of Web commerce by the liquor industry is much more extensive in Alberta than in other parts of North America. Alberta liquor retailers can purchase alcohol via the Internet and soon the public will be able to check product availability online.[40]

- An International Narcotics Control Board report has identified increasing Internet sales of controlled and psychotropic substances by illicit pharmacies.[41] The Board expressed unease about the sale of oxycodone, amphetamines and benzodiazepines, and about sales to underage youth. The availability of steroids and GHB (gamma-hydroxybutyrate) kits on the Internet is also a concern.[42]

- Use of the Internet is expanding Albertan's access to information allowing them to make more informed choices about products and services.[16]

"Web-based delivery and e-learning is no longer a new issue, but SkillSoft was the first foray for AADAC into this kind of delivery. Our field is slower than many to embrace this option, but there is growing use. It has several advantages/features over classroom delivery, like reduced travel and time away from the office, and flexible patterns for asynchronous delivery. It's also important because e-delivery cannot replace in-person delivery in at least some instances. It's a different medium than the classroom and requires different methodologies to be effective." (AADAC Staff Input)

An issue to keep informed about for the longer-term (3 to 5 years) is the sharing of electronic health information.

- Balancing effective services with protection of personal information will require the government to assess information sharing practices and technology. In 2003, 74% of Albertans reported concerns about privacy risks associated with personal information in Alberta.[5]

"An issue to keep informed about for the longer-term (3 to 5 years) is the sharing of electronic health information. As health systems are developed to track patient information, this may become an issue to be addressed by AADAC. Accreditation may impose new standards for sharing information. Legislative and technological aspects would need to be addressed." (AADAC Staff Input)

"The Alberta Government's strategic plan for information management will drive activities at AADAC for the next three years. As policies, standards, guidelines and practices are developed, AADAC will assess their relevance and implement where appropriate. The most critical component will be moving to an electronic document management system (EDMS) or enterprise content management (ECM) system. Substantial resources (budget, staffing and time) will be required to fully implement it." (AADAC Staff Input)

"Greater emphasis on collaborative and cross-ministry initiatives requires tools to share common information and bridge communications. This could potentially be dealt with by having an extranet where this information could be shared. Electronic forums could be investigated as collaboration tools at the community level." (AADAC Staff Input)

- A blog (short for weblog) is an on-line journal that contains opinion, reflections or comments and is typically updated daily.[43]
  - Blogs can be personal, topical, news-based, collaborative (written by more than one person about a specific topic), political or corporate (communicating with stakeholders)[44]
  - While blogs offer potential for improving organizational communication,[45] their use is prompting discussion about the need for corporate policy (e.g., how to respond to blogging on company time, discussions of confidential work information in a public forum, blog content taken out of context by the media)[46]
  - In some cases staff have been fired for their blogging activities.[47]

Popular reality TV shows that focus on people trying to deal with an addiction may increase awareness of addictions and popularize treatment.

- Popular reality television shows (e.g., Living Clean, Intervention, Dope Sick Love, Intervention House, Rehab, Cold Turkey, the Biggest Loser) that focus on people trying to deal with an addiction may increase awareness of addictions and popularize treatment.[48, 49]

ii) Biotechnology

- Nanotechnology is a rapidly evolving interdisciplinary field that enables the design or construction of something that is one billionth of a meter (nanometre) by integrating biological materials with synthetic materials (e.g., electronics). Nanotechnology promises new applications for many areas including medicine and biotechnology such as the possibility of enhanced diagnosis of disease, the creation of pharmaceuticals and targeted drug delivery systems.[50]

- The rapidly expanding body of genetic research related to addiction (e.g., genetic risk factors) is predicted to result in targeted and tailored prevention and treatment of individuals. The complex interaction of genes and environment, however, will likely delay the widespread application of interventions.[51]

Considerable progress has been made toward understanding brain mechanisms connected to addiction leading to new or improved pharmaceutical treatment approaches.

- Considerable progress has been made toward understanding brain mechanisms connected to addiction leading to new or improved pharmaceutical treatment approaches. For example, creating drugs targeted at neurotransmitter and receptor systems involved in addiction to prevent relapse and extend abstinence.[51]

- In January 2005, Campral® or acamprosate calcium became the first new alcohol abuse treatment drug available in the U.S. in 10 years. The drug is reported to act on the brain pathways associated with alcohol abuse.[52, 53]

- Naltrexone, a drug used to treat alcohol addiction, is now available in once-a-month injection form in the U.S.[54]

- Trials are underway to determine if a patch containing the drug mecamylamine may be effective in reducing alcohol cravings. The drug was previously used to help people quit smoking.[55]

- Findings from a new test used in Ontario to detect alcohol metabolites in a newborn baby's stool suggest that over 3% of Canadian children are born with fetal alcohol spectrum disorder (FASD).[56]

- Somaxon, a U.S. pharmaceutical firm, is testing nalmefene hydrochloride as a treatment for problem gambling. The drug is already used to treat morphine and other opiate drug overdoses.[57]

- Pfizer researchers have identified nicotine receptors in the brain and created the drug varenicline, which is believed to decrease the severity of nicotine craving and withdrawal. The drug is in the final testing stage.[58]

- Rimonabant, manufactured as Acomplia®, will act on the brain to prevent smoking by blocking the chemical reward system. Sanofi-Aventis will seek U.S. approval for the drug this year. Researchers hope the drug will also be used for alcohol and drug abuse treatment.[59]
- Much of the new and growing information about neurochemical and molecular changes associated with addiction has yet to be applied to understanding the transition from use to addiction or susceptibility to abuse.[51]
- A World Health Organization report on the neuroscience of psychoactive substance use and dependence has the potential to affect public perception about addictions, as well as prevention and treatment.[60]
  - Psychoactive substances have physical and symbolic effects that are rewarding to users.
  - Adverse consequences of psychoactive substances are related to the level, pattern, mode and context of their use.
  - Dependence is a complex disorder involving brain mechanisms and not a failure of will.
  - Psychoactive substance use often coexists with other mental health problems.
  - Stigma associated with substance use and dependence discourages people from seeking treatment.
  - There is growing evidence that interventions work and that developments from neuroscience research will improve the effectiveness of prevention and treatment.
  - New pharmacological interventions raise ethical issues that must be dealt with before these interventions are widely applied.

B. Technology: Why Does This Matter?

Emerging trends in technology will continue to play a major role in the addictions field and contribute to society's understanding of and response to substance use and gambling problems. AADAC staff continue to comment on the potential use of the Internet and new technology to support the increasing number of clients requesting services.

The growing body of knowledge related to genetics and biotechnology may be useful in removing some of the stigma associated with addiction, thereby increasing the number of people willing to explore information and treatment options.

IV. GOVERNANCE

This section explores governance shifts in collaboration and in legislation and policy that are related to substance use and gambling, and to harm reduction and treatment.

A. What Is Happening? (See also, Substance Use and Gambling)

- The federal sponsorship and corporate business practice scandals over the last year will heighten calls for government accountability and use of early warning risk management strategies.[5, 61]

"Government agencies are starting to be more attentive to the services provided through programs they are funding." (AADAC Staff Input)

- Public confidence in government is directly related to the delivery of quality services, which increasingly occurs through shared service arrangements such as cross-ministry initiatives.[5]

i) Collaboration

Science is becoming more complex and breakthroughs are more likely to come from multiple disciplines working together, which is enhanced by new technology that allows information sharing.

- Science is becoming more complex and breakthroughs are more likely to come from multiple disciplines working together, which is enhanced by new technology that allows information sharing.[5]
- The newly formed federal department of Public Safety and Emergency Preparedness integrates crime prevention, policing, enforcement, security and intelligence, corrections, border services and integrity and emergency management.[8]
- Canada's new National Security Policy, designed to increase co-ordination of international security and domestic protection securities in response to the SARS crisis and blackouts in Eastern Canada, may affect the production and trafficking of illicit substances.[5]
- The Canadian Partnership for Responsible Gambling, the first organization of its kind, has the mandate to reduce the risk of problem gambling through research, issue analysis and information sharing.[62]
- The creation of the Canada Northwest Research Network brings together expertise from the Territories and western provinces to promote research on fetal alcohol spectrum disorder (FASD), which will translate into more effective information, prevention and treatment for affected children, youth and families.[5]

"There are national or cross-provincial interests in addictions education. For example, the Canadian Centre for Substance Abuse (CCSA) has been leading an initiative to describe the composition and needs of the addictions workforce, and to co-ordinate across the jurisdictions. A report, Optimizing Canada's Addiction Treatment Workforce, was released in March 2005." (AADAC Staff Input)

"AADAC is nearing completion of standardizing training curriculum while at least one other provincial agency is starting such an undertaking (Centre for Addiction and Mental Health). These efforts may help strengthen the workforce in Canada, and improve the cohesion of services, with respect to public presence at least. For AADAC, the smaller part that training plays in a larger delivery system is unique and results in challenges to our participation in the national scene." (AADAC Staff Input)

- The significant increase in intergovernmental meetings (inter-provincial and federal-provincial-territorial) and changing intergovernmental relations may result in more action on key issues (e.g., Canada's Drug Strategy).[5]

"Federal and provincial governments are focusing on many of the same areas, and collaborations and reporting mechanisms are needed for this type of initiative. An example is Canada's Drug Strategy." (AADAC Staff Input)

"The community drug coalitions in Alberta are a new wave, with concerns being galvanized around issues of cocaine use and crime, marijuana use by teens and being 'stoned' as an acceptable state, and finally alcohol and domestic assaults. These coalitions bring together agencies and concerned parents to work on strategies that will [reduce] substance abuse. The coalitions themselves are communicating and collaborating on projects, speakers and sharing experiences. This is a most positive development." (AADAC Staff Input)

"There is continued high interest in crystal methamphetamine and forming community coalitions. We are experiencing large numbers of parents attending information sessions on alcohol and drugs and our services for youth. For example, 400 parents have attended three recent sessions. This has provided an opportunity to reach large numbers of parents and families." (AADAC Staff Input)

"With all the information being shared at a community level regarding crystal meth, it appears that parents are more interested in learning about the impact of all drugs and being aware of signs and symptoms of drug use and abuse." (AADAC Staff Input)

"The increased intensity of collaboration has begun. The increased collaboration with allied professionals (e.g., probation, Alberta Children's Services) involves more skills sharing and consultations. This leads to

The increased collaboration with allied professionals involves more skills sharing and consultations. This leads to increased trust, which results in clients receiving better and more appropriate support.

increased trust, which results in clients receiving better and more appropriate support. For example, the new Child, Youth and Family Enhancement Act identifies 'parental behaviours such as chronic alcohol abuse' as factors that warrant an assessment of need for intervention services. Discussions with Children's Services indicate that they would begin their involvement in shared case management earlier and more often with AADAC." (AADAC Staff Input)

"More social workers and probation officers are beginning to join interagency committees seeking consultation and collaboration in programming. Seemingly everyone's workload is increasing simultaneously." (AADAC Staff Input)

ii) Legislation and Policy

Alcohol (See also, Substance Use and Gambling)

The World Health Organization plans to study ways to counter alcohol abuse in what has been called the beginning of an international campaign against excessive drinking similar to the existing one against smoking.

- A World Health Organization (WHO) report identifies a growing interest in the scientific study of alcohol policy to mitigate alcohol-related harm and a trend toward alcohol policies that address harmful drinking in specific groups or settings.[63]
- The World Health Organization plans to study ways to counter alcohol abuse in what has been called the beginning of an international campaign against excessive drinking similar to the existing one against smoking.[64]
- Bill C-206 (MP Paul Szabo) proposed to amend the Food and Drugs Act by adding a section requiring warning labels on all beverage alcohol products. The Standing Committee on Health recommended that the bill be replaced by a comprehensive strategy to address FASD and directed Health Canada to develop such a strategy by June 2005.[65]
- MLA for Calgary East, Moe Amery, introduced Motion 515 into the 2005 Spring Session of the Alberta Legislature. The bill advocates the labelling of alcoholic beverages warning Albertans of the dangers of drinking. As of March the Bill had passed First Reading.[66]
- An Ipsos-Reid Poll shows that 85% of Alberta women of legal drinking age and child-bearing age are aware of the risks of associated with drinking alcoholic beverages. Less than one-quarter (21%) believed that putting warning labels on bottles of alcoholic beverages would be the most useful approach in reducing the incidence of women drinking during pregnancy.[36]

- In November 2004, the Alberta Gaming and Liquor Commission introduced a mandatory training program for all liquor retailers and servers in Alberta. The Alberta Server Intervention Program is intended to prevent underage drinking, over-consumption, violence and impaired driving.[67]

- Mothers Against Drunk Driving (MADD) Canada has recognized the Manitoba government for taking a comprehensive approach in addressing impaired driving, including a focus on child endangerment by impaired drivers.[68]

Canada's introduction of Precursor Control Regulations (2003) and increased law enforcement efforts have reduced cross-border trafficking of precursor chemicals to make synthetic drugs such as methamphetamine.

Other Drugs *(See also, Substance Use and Gambling)*

- Canada's introduction of Precursor Control Regulations (2003) and increased law enforcement efforts have reduced cross-border trafficking of precursor chemicals to make synthetic drugs such as methamphetamine.[42]

"About the only emerging issue in our area is the concern regarding the contamination created by the production of methamphetamine and the supplies (e.g., anhydrous ammonia, fire extinguishers) that are being stolen from farmers and industry to 'cold-press' the drug. People are using hotels, apartments, rented houses to manufacture this stuff and it leaves the rooms contaminated, and unsuspecting people at risk." (AADAC Staff Input)

- During the 2005 spring session of the Alberta Legislature, MLA Ian Strang (Edson) introduced Bill 204, the *Pharmacy and Drug (Methamphetamine Limiting) Amendment Act*. This Bill restricts access to ephedrine and pseudo-ephedrine, two primary ingredients used to produce methamphetamine. Bill 204 received second reading May 16, 2005.[66]

- An Alberta survey found that the majority of respondents (62%) believe the issue of methamphetamine should be dealt with as part of a larger strategy concerning alcohol and illicit drugs.[69]

- MLA Mary Anne Jablonski (Red Deer North) introduced Bill 202, *Protection of Children Abusing Drugs Act*, into the 2005 spring session of the Alberta Legislature. Bill 202 allows apprehension and confinement (for assessment and detoxification) of a child (under age 18) who is abusing drugs. Bill 202 received Royal Assent on May 10, 2005 and comes into force July 1, 2006.[66]

"Crystal methamphetamine has been a big issue in the past year, as is the issue of secure treatment and residential programs for adolescents. We are noticing an increase in the number of parents' groups in the community and they seem to have the focus of advocating for secure treatment. There has been an increase in the number of requests from community agencies to do

presentations about crystal meth. Use of crystal methamphetamine and concerns expressed by parent groups has pushed government and AADAC to examine the issue of secure treatment and residential programs for adolescents." (AADAC Staff Input)

"We are seeing a younger population, often presenting with issues around methamphetamine. We get requests from family members wanting to admit youth for mandated treatment. We don't have the facilities or staff to properly address these concerns." (AADAC Staff Input)

"Presently AADAC offers non-residentially-based treatment on a voluntary basis. At the same time Children's Services and Justice legislation has changed. The changes mean that there are fewer secure treatment or custodial care units available for youth who do not want to access voluntary services. The overall implication for this is increased pressure on local staff to try to meet the needs of youth who are at risk to themselves, needs that were formerly met through Children's Services and Youth Justice." (AADAC Staff Input)

Federal cannabis reform legislation and authorized medical marijuana use may be contributing to the increasing belief that cannabis is a harmless drug.

"Federal cannabis reform legislation and authorized medical marijuana use may be contributing to the increasing belief that cannabis is a harmless drug." (AADAC Staff Input)

- On November 1, 2004, the federal government introduced proposed amendments (Bill C-17) to the Controlled Drugs and Substances Act and the Contraventions Act that provide alternative penalties for possession of small amounts of cannabis and harsher penalties for large-scale cannabis cultivation (grow-ops). As of March 2005, the bill had passed second reading and was before the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness.[70]
- As of March 2005, 813 Canadians were allowed to possess and 574 were allowed to cultivate or produce marijuana for medical purposes.[71]
- Health Canada has approved Sativex®, a cannabis-based medicinal mouth spray, for use by patients with multiple sclerosis. The spray is said to relieve pain but does not make the patient high.[72]

"A prevalent issue is the minimization of the negative consequences of cannabis use based on the misunderstanding of decriminalization and medicinal use." (AADAC Staff Input)

"The public's lack of knowledge around cannabis, its use and its legal status are a concern. We are now dealing with clients whose parents openly smoke cannabis, which provides mixed messages. Those who are confused

regarding decriminalization/legalization, which is the vast majority of people, assume that cannabis is now a harmless drug. There is a willingness amongst young people to deny its harmful potential and to experiment more readily." (AADAC Staff Input)

- The murder of four Royal Canadian Mounted Police in Alberta who were initially (and inaccurately) reported to have been investigating a marijuana grow operation will increase national debate about penalties associated with cannabis.[73]
- In conjunction with the introduction of cannabis reform legislation, the federal government also introduced Bill C-16 on November 1, 2004. This legislation would enhance investigations of driving while impaired by any drug, including cannabis. As of March 2005, the Bill was with the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness.[70]
- The United Nations Office on Drugs and Crime has identified drug-related accidents on the road, in workplaces and in safety-sensitive industries as a top policy concern.[74]

We are getting more calls related to drug testing from workers in the construction or oil industry who are concerned about random drug testing at their companies.

"We are getting more calls related to drug testing from workers in the construction or oil industry who are concerned about random drug testing at their companies. They either want information about drugs or they want to detox before going to work." (AADAC Staff Input)

"There has been an increase in workplace drug policies and testing. The increase in workplace requests for services and training affects staff training needs. This affects resource allocation to meet demand, develop partnerships and skill share with community partners." (AADAC Staff Input)

- A *Newsday* article suggests that saliva testing may be the next big trend in drug testing. The article notes that saliva testing is being used by police in Europe and Australia to detect drug-impaired drivers and by the Addiction Research and Treatment Corporation of New York to determine HIV (human immunodeficiency virus) status and detect drug use among clients.[75]
- Drug and alcohol testing in schools has emerged as a trend in Canada and the U.S.[76, 77] Some Alberta high schools have begun using dogs to detect drugs in student lockers.[78]

The world's first public health treaty, The Framework Convention on Tobacco Control, came into force February 2005.

Tobacco (See also, Substance Use and Gambling)

- The world's first public health treaty, The Framework Convention on Tobacco Control, came into force February 2005. This global anti-tobacco accord is intended to decrease tobacco-related deaths and

improve the health of millions of people; it was signed by 160 countries including Canada.[79, 80]

- Governments are becoming more active in anti-smoking measures such as banning smoking in public places or workplaces (currently in New Brunswick, Manitoba, Saskatchewan, Nunavut and Northwest Territories with consideration given by Ontario, Newfoundland and Quebec) and increasing tobacco taxes.[81, 82]
- Chair of the AADAC Commission Board, MLA Dave Rodney, introduced Bill 201, the Smoke-free Places Act, into the 2005 Spring Session of the Alberta Legislature. The Bill restricts smoking in public places that allow access by minors across Alberta.[66]
- Two-thirds of Albertans (68%) support a provincial workplace smoking law.[83]
- There will be continuing public and political tension as Alberta attempts to balance public health protection without restricting individual freedoms, especially in light of province-wide smoking restrictions in other parts of Canada and growing workplace smoking bans.[84, 85]

"Provincial tobacco legislation is a topic causing dissension in communities and forcing uneven playing fields for those who are affected. There are divisions being developed between the businesses affected and community members who support a smoking ban. This is not what community capacity building is about. Community awareness of the adverse affects of environmental tobacco smoke (ETS) and the need for healthy communities is a reason for the importance of tobacco legislation." (AADAC Staff Input)

- The Supreme Court of Canada ruled in support of Saskatchewan legislation banning retail displays (called "power walls") and advertising or promotion of tobacco products in stores where young people are allowed.[82, 86]
- Alberta's ban on smoking in provincial correctional facilities includes the use of sweetgrass. The ban is being challenged by the Aboriginal community.[87]

"The smoking ban in jails is affecting Aboriginal cultural ceremonies." (AADAC Staff Input)

Gambling *(See also, Substance Use and Gambling)*

- There is growing international interest in gambling and problem gambling. Since 1999, Australia, the United Kingdom and the United States have conducted national gambling reviews.[88]
- New Zealand revamped its gambling regulatory structure to prevent harms associated with gambling.[89]

There has been growing public debate in Canada about the need for action by government and the gaming industry related to problems associated with gambling.

- There has been growing public debate in Canada about the need for action by government and the gaming industry related to problems associated with gambling.[90]
- AADAC and the Alberta Gaming and Liquor Commission have developed an Enhanced Framework for Problem Gambling and Social Responsibility Strategy.[91]
- The Alberta Gaming Research Institute is involved in one of the largest interdisciplinary gambling research projects, *Factors influencing the development of responsible gambling: A prospective study*. This longitudinal (five-year) study will provide information on the factors that affect Albertans' gambling behaviour.[92]
- Emerging research suggests that a disproportionate amount of gaming revenue comes from problem gamblers.[93]
  - Alberta research shows that 39% of gaming revenue comes from problem gamblers; in Ontario this rate is 35%.[93]
  - It is estimated that 60% of electronic gaming machine revenue comes from problem gamblers.[93]

Emerging research suggests that a disproportionate amount of gaming revenue comes from problem gamblers.

- People with less education and lower income spend a greater proportion of their household income on gambling than other gamblers do.[93, 94, 95]
- Gambling has been identified as a public health and social policy concern.[96] Findings from Canadian conferences suggest that gambling policy is also being considered from a consumer protection perspective.[97, 90] Given the reliance of government and industry on gambling revenue, however, it was suggested that this is unlikely to occur without litigation or strong community opinion.[97]
- Governments in Nova Scotia and Quebec are involved in lawsuits where plaintiffs are seeking compensation for damages associated with video lottery terminal (VLT) gambling. The plaintiff's assertion is that government did not take appropriate action to warn of potential harms and did not make addiction treatment services accessible.[98]

- A public poll suggests that Canadians perceive that growing gambling opportunities has lead to an increase in problem gambling; this opinion is stronger in provinces where VLTs are widely available (i.e., the Prairies and Atlantic Canada).[99]
- Canadian research suggests a link between access to casinos or video lottery terminals and problem gambling.[100]
- Smith and Wynne (2004) report growing concerns about the addictive properties of VLTs. Almost three-quarters (72%) of Alberta's bars and lounges offer VLT gambling. They found higher than average spending per VLT in northern Alberta than in southern Alberta or Edmonton and Calgary. The study also reported that higher than average spending was associated with a higher rate of VLT-related problem gambling. Aboriginal people were identified as being at particular risk for such problems.[98]
- Nova Scotia and Newfoundland are limiting access to or decreasing the number of VLTs.[101, 102]
- Bill S-11, An Act to amend the Criminal Code (lottery schemes) introduced by Senator Jean LaPointe, proposes to amend the lottery schemes portion of the Criminal Code restricting VLTs to casinos and racetracks. As of March 2005, the bill had passed second reading and was before a senate committee.[70]

Bill S-11, An Act to amend the Criminal Code (lottery schemes) introduced by Senator Jean LaPointe, proposes to amend the lottery schemes portion of the Criminal Code restricting VLTs to casinos and racetracks.

"Using the determinants of health as a measure in problem gambling may lead to policy decisions on the placement of gambling opportunities. For instance, a study by Dr. Ladoucer resulted in the Quebec government considering removing VLTs from lower socio-economic areas." (AADAC Staff Input)

- As of March 2005, the Alberta Gaming and Liquor Commission (AGLC) reported that the following applications are in the final approval stages
  - Eight new casinos (Enoch Cree Nation; Deerfoot Inn and Casino, Calgary; Camrose Casino Ltd.; Century Resorts Alberta Ltd., Edmonton; Alexis First Nation, Whitecourt; Samson Cree Nation, Hobbema; Cold Lake First Nation; T'suu T'ina First Nation)[103]
  - Four casino expansions/relocations (Casino Expansions: Elbow Casino, Calgary; Baccarat Casino, Edmonton; Casino Edmonton; Boomtown Casino, Fort McMurray).[104]

"An emerging trend for us would be casino expansions" (AADAC Staff Input)

"There is a casino scheduled for opening on Cold Lake First Nations. We are concerned about an increase in problem gambling." (AADAC Staff Input)

"The University of Alberta Aboriginal Women's Studies research on Aboriginal gambling will provide baseline information on problem gambling prevalence rates in First Nations populations prior to the opening of on-reserve gambling." (AADAC Staff Input)

- Hana Gartner from CBC's *The Fifth Estate* suggested that the media would continue to investigate problem gambling in Canada.[105]

iii) Harm Reduction and Treatment

- "The most powerful determinant of future drug treatment will be reforming many of the ideas behind it: the basic concepts for understanding why people use drugs, why some have difficulty controlling use and how we may help users achieve their goal in using drugs, the help they most urgently seek again and again from addiction professionals . . . For much of the world, drug use and addiction are still shrouded in a medieval cloak of moral disapproval." (Drucker, 2003/04, p. 11)[106]

The most powerful determinant of future drug treatment will be reforming many of the ideas behind it. For much of the world, drug use and addiction are still shrouded in a medieval cloak of moral disapproval.

- There has been growing international debate between the United States and much of the international community (human rights groups, policy analysts, researchers and AIDS[c] groups) about the use of harm reduction policies in responding to substance use problems, especially as it relates to HIV prevention strategies and injection drug use.[107, 108]
- The United Nations Office of Drugs and Crime suggested that the drug-related spread of HIV/AIDS requires the attention of policy makers during its opening remarks to the Commission on Narcotic Drugs in March 2005.[74]
- Some authors suggest that there may be a trend away from traditional conservative drug policies in the European Union despite pressure from "prohibitionist groups" such as the United Nations and the United States. There are a number of innovations in European national drug policies based on harm reduction principles that are being observed and evaluated:[109]
  - establishment of drug injection rooms
  - decriminalization of marijuana possession and use

[c] Acquired Immunodeficiency Syndrome

- heroin maintenance trials for long-term heroin users who have failed in previous treatment or maintenance
- provision of facilities that provide basic needs and dispense needles, condoms and health information
- pill testing facilities at youth concerts
- prevention initiatives that focus on abstinence or "safe" substance use
- police involvement in health/social service referrals for substance users.

"Abstinence versus harm reduction continues to be an issue—for example, the challenge of an abstinence-based program working together with clients who are aware and perhaps more committed to "controlled drinking" treatment. This is a big challenge for residential treatment. Another example was abstinence from a substance such as alcohol where the client was prescribed a significant amount of a prescription drug (tranquillizers), far more than someone working in the addiction field would consider necessary." (AADAC Staff Input)

- The European Monitoring Centre for Drugs and Drug Addiction reports increased measures in Europe to reduce drug-related harms, increase access to treatment, stabilize heroin use, and slow the HIV epidemic among drug users.[110]
- The Government of Canada has launched a new Federal Initiative to Address HIV/AIDS in Canada that will be guided by three policy directions: partnership and engagement, integration, and accountability.[111]
- Injection drug use (IDU) continues to be a primary risk factor for HIV in Alberta (22% of newly diagnosed cases in 2003).[112]

"There is an increased incidence of HIV/hep C in female clients. Fear and stigma are treatment barriers and more complex treatment is required. Relationship building with community agencies is indicated." (AADAC Staff Input)

- Edmonton City Council is reviewing the possibility of opening a supervised injection site after initial findings from Vancouver's pilot project show that the facility is saving lives, improving health outcomes and reducing street disorder.[113, 114]
- The NAOMI (North American Opiate Medications Initiative) project is the first medical trial in Canada considering whether the supervised use of injectable heroin (in combination with oral methadone) is more effective than methadone therapy alone in

recruiting, retaining, and benefiting chronic, opiate-dependent, injection drug users (IDUs) who are resistant to current standard treatment options.[115]

- The Journal of Opioid Management has been created for physicians in response to concerns about increased problems associated with opioid abuse and addictions.[116]
- Correctional Services of Canada estimates that about 70% of offenders entering federal institutions have alcohol or other drug problems and half were under the influence at the time of their offence.[117]

"Emerging justice issues include increase of court referrals to addiction treatment and increasing references to drug courts." (AADAC Staff Input)

- An *Associated Press* article suggests that the growing trend of people entering U.S. treatment programs for marijuana may be due in part to increases in court-ordered treatment.[118]
- The Canadian Centre for Substance Abuse, in partnership with Canadian addiction agencies, is creating a national framework for standardized treatment services data collection.[119]
- There have been advances in the field of psychological treatment of addictions (e.g., brief motivational interventions) but no one treatment has proven more effective than any other. The future challenge in this field is to find wide-scale treatments that have a significant effect on public health.[51]
- A 2005 article on trends in the counselling profession predicts that brief counselling and cognitive behavioural techniques will prevail.[120]

The future challenge in this field is to find wide-scale treatments that have a significant effect on public health.

B. Governance: Why Does This Matter?

There are significant trends in collaboration, legislation and policy related to substance use and gambling that may affect AADAC's business. Collaborative efforts in a variety of areas will have an effect on the prevention and treatment of substance use and gambling. Pending legislative and policy changes related to alcohol, tobacco, other drugs, and gambling will require ongoing monitoring.

AADAC may be expected to provide additional information on cannabis reform legislation. Expansion of casino gambling may result in increased service demand, especially among First Nations communities.

V. SUBSTANCE USE AND GAMBLING

This section explores trends in substance use and gambling and implications for AADAC.

A. What Is Happening?

- AADAC, in partnership with Health Canada, collected information on alcohol and other drug use in the Canadian Addiction Survey. This was the first national survey of substance use in Canada in ten years.[121]

i) Alcohol

- It is estimated that more than 2 billion people consume alcohol in the world, and alcohol use contributes to about 4% of the overall global burden of disease.[60]
- Alcohol consumption plays a major role in morbidity and mortality and is associated with a wide range of individual, social and economic costs.[122,63]
- The prevalence of drinking in Canada (79.3%) has increased since 1994 (72.3%).[121]

Alcohol continues to be the drug of choice for Albertans and the substance of most concern for adults admitted to AADAC treatment.

- Alcohol continues to be the drug of choice for Albertans (79.5%)[121] and the substance of most concern for adults admitted to AADAC treatment (52.0%).[123]
- Per capita alcohol consumption in Alberta has increased since the mid-1990s and Albertans drink more (8.6 litres) than the Canadian average (7.8 litres).[124]
- Alberta has one of the highest rates of high-risk drinking in Canada (15.3% vs. 13.6%).[121]
- Although most Canadians drink moderately, almost one-quarter exceed low-risk drinking guidelines[d] and 17% engage in hazardous drinking that could lead to alcohol problems.[121]
- Men (25%) and youth under age 25 (30%) are more likely to be high-risk drinkers.[121]

[d] Low risk drinking guidelines recommend no more than 14 drinks for men and 9 drinks for women per week and no more than two drinks daily.

Albertans (9.5%) are more likely than other Canadians (8.8%) to report that they experienced harm from their drinking.

- Albertans (9.5%) are more likely than other Canadians (8.8%) to report that they experienced harm from their drinking (e.g., adverse effects on family and social relationships, harm to physical health). About one-third of Albertans (38%) and Canadians (32%) reported experiencing harm from someone else's drinking (e.g., insults, humiliation, arguments, verbal abuse, physical altercations and assault).[121]

"Alcohol still holds its own as the major problem substance, with impacts on the family and workplace. The other area is aggression and violence (domestic and otherwise) where alcohol continues to dominate as a factor." (AADAC Staff Input)

- There have been declines in rates of female-reported family violence since 2000; however rates are highest among those whose partners were heavy drinkers.[125]
- An Australian study of alcohol consumption patterns among women from 1996 to 2003 found that young women who engaged in high-risk drinking were more likely to report deliberately harming themselves, using multiple drugs and having more male sex partners.[126]
- A study on health risk behaviours among Canadian students found the age of alcohol initiation was before age 13 for boys and around age 13-14 for girls.[127]
- The same study reports that the promotion of "alcopops," or sweet-tasting alcoholic beverages, may be contributing to the increased popularity of liquor consumption among younger teenagers.[127] A similar trend has been noted in the United States and other parts of the world.[128, 129]
- Caffeinated beer was introduced into the Canadian beer market in March 2005. Labatt's Shock (6.9% alcohol per 250 ml) and Molson's Kick contain guarana, a substance that is gaining popularity in South America. These products are expected to be popular in the youth market.[130]
- The Canada Safety Council has expressed concerns that "hangover" remedies such as the RU-21 Red and Hangover Prevention Formula (HPF) may encourage excessive drinking. Although not available for sale in Canada, these substances are available via the Internet.[131]
- Health and safety experts are concerned about a new device, AWOL (Alcohol Without Liquid), marketed to bars, nightclubs, and private party organizers. This device enables people to breathe in

vaporized alcohol through a mask. The machines are currently available in Europe and parts of the United States.[132]

- The continued growth of discount beer sales and government approval of farm-based wine industry in Alberta could affect alcohol consumption levels and associated harms.[133, 134]

ii) Other Drugs

- About 185 million people (3% of the global population or 5% of the population aged 15 to 64) use illicit substances annually.[135]
- The World Health Organization estimates that illicit substance use contributes to about 0.8% of the overall global burden of disease.[60]
- According to the UN World Drug Report, 2004, after cannabis, there were notable increases in the use of amphetamine-type stimulants (primarily ecstasy) followed by cocaine and opioids.[135]
  - Cannabis was the most widely used illicit drug (about 146 million people).
  - About 30 million people used amphetamines and 8 million used ecstasy.
  - Just over 13 million people used cocaine.
  - 15 million illegally used opioids (e.g., heroin, morphine, opium, synthetic opium).
- Drug crime in Canada is increasing and is at a 20-year high.[8] The RCMP estimate the illicit drug market in Canada is between $7 and $10 billion.[8] The Bureau for International Narcotics and Law Enforcement Affairs reports that the Canadian drug trade generates an estimated $3 billion wholesale and $13.5 billion street level in criminal proceeds.[117]
- Despite increased collaborative border security between Canada and the United States since the September 11, 2001 attack on the World Trade Centre in New York, drug trafficking continues and is reported to increasingly involve organized crime groups.[42]
- While cannabis and cocaine are major trafficking concerns across the Canada-U.S. border, other drugs trafficked in lesser amounts include amphetamines, barbiturates, tranquillizers, ketamine, khat, LSD, MDA, mescaline, methadone, methaqualone, PCP, psilocybin, morphine, oxycodone and other prescription opiates.[42]

The Canadian Addiction Survey was the first national study of other drug use in 10 years. Drug use prevalence (including cannabis) increased from 7.6% in 1994 to 14.4% in 2004.

- The Canadian Addiction Survey was the first national study of other drug use in 10 years. Drug use prevalence (including cannabis) increased from 7.6% in 1994 to 14.4% in 2004.[121]

"With the release of the Canadian Addiction Survey, parents and others are worried about more and younger use of all drugs. Heightened fear of severe negative consequences of drug use has been the response of parents and teachers." (AADAC Staff Input)

- A total of 15.9% of Albertans reported illicit drug use in 2004; 3.3% reported using drugs other than cannabis.[121]
- Among those Albertans who had used drugs in the past year, 18.4% reported harms associated with illicit drug use (including harms to physical health, social, home and marriage, work and financial.)[121]
- Poly-drug use is common among street youth and the following drug combinations are noted to be particularly dangerous: alcohol combined with gamma hydroxybutyrate (GHB), cocaine or heroin; GHB combined with benzodiazepines; and methamphetamine combined with ecstasy.[9]

"There is an increase in clients with poly-drug use, which bring an increased risk of relapse and substitution of other substances. It also affects treatment readiness and counselling approaches. Strategies to address this should include information about risks associated with substitution and relapse, and harm reduction as alternative to abstinence." (AADAC Staff Input)

- Drug trends among students in the United States show a general decline in most illicit drug use from 2001 to 2004.[136]
- An analysis of designer drugs (e.g., methamphetamine, amphetamine, ecstasy) seized in Quebec between 2002 and 2004 found wide variations in content and dosage even among pills with the same appearance.[137]

"We have been hearing from youth in the community of an increased number of youth snorting various drugs. Most recently we heard from a student that some people are snorting caffeine pills. Reports from students and school staff are that youth continue to snort Ritalin® or Dexedrine® and more recently we are hearing of students snorting morphine. We also hear from students at the school of an increased number of youth experimenting with or using crack cocaine." (AADAC Staff Input)

"There is increased caffeine use with youth. We have seen an increase in youth-friendly products (e.g., Powershots, Red Bull, Spaz Juice, Euromint

energy mints) available in gas stations and convenience stores." (AADAC Staff Input)

"Salvia° is emerging as a drug of choice for risk-taking youth. This new drug is being reported by a variety of youth." (AADAC Staff Input)

Cannabis

- Cannabis continued to be the most widely produced, trafficked and consumed illicit drug in the world, with consumption increasing at an accelerated rate.[135, 110]
- The *International Narcotics Board Report 2004* indicates that illicit cannabis cultivation represents the main drug law enforcement problem of agencies in all Canadian provinces.[138] Marijuana production in Canada is estimated to be between 960 and 2400 tonnes (metric tons) per year.[117]
- A Criminal Intelligence Service of Alberta report indicates that detection of marijuana grow operations in Alberta is increasing, with seizures from April to September 2004 exceeding $100 million in products, property and money. The operations are controlled mainly by Asian organized crime groups, which channel profits into importing and trafficking cocaine, ecstasy and heroin.[139]
- A report on trafficking suggests that marijuana remains a top concern for Canada and the U.S. Only about 2% of all U.S. marijuana seizures are from Canadian sources, but this is expected to increase. Grow operations are seen to be an evolving and thriving industry and have increasingly been connected to organized crime groups.[42]
- The demand for hashish and hash oil is higher in Canada than the U.S. and is focused in Ontario, Quebec and the Atlantic provinces.[42]
- Reported cannabis use in Canada has risen in the last decade.[121]
  - The prevalence rate was 14.1% in 2004 up from 5.4% (1994) and 6.5% (1989).
  - The lifetime rate of cannabis use among Canadians was 45%.
- Almost 5% of Canadians expressed concern that they were unable to control the amount of marijuana they used.[121]

° Salvia divinorum comes from a southern Mexico plant that contains a powerful psychoactive chemical known as Salvinorin. Used in Mexico for healing and divination, it was first used by the underground psychedelic culture in the 1990s. The substance is chewed or smoked. It is not a controlled substance in Canada.

- Cannabis continues to be the most commonly used illicit drug in Alberta (15.4%) and prevalence of cannabis use is higher in Alberta than all other provinces except B.C. (16.8%) and Quebec (15.8%).[121]
- Reported cannabis use during the past year was highest among older teens in Canada; 30% of teens aged 15 to 17 and 47% of 18- to 19-year-olds.[121]
- A Health Canada study on student health risk behaviour found that reported lifetime cannabis use increased among Grade 10 boys from 1990 (26%) to 2002 (50%) and also among girls (24% in 1990 up to 40% in 2002).[127]
- Cannabis was the substance of most concern among AADAC youth clients admitted for treatment in 2003–04 (91% reported use and 28% reported concern about their use).[13]

Cannabis was the substance of most concern among AADAC youth clients admitted for treatment in 2003–04.

"Pot continues to be seen as a benign substance with youth, parents may use and it is seen as "not a big deal." The majority of adolescent referrals continue to be for youth caught smoking marijuana either by parents or at school. More than in the past, adolescents are stoned at counselling sessions." (AADAC Staff Input)

"There is an increasing impact of chronic marijuana use upon baby boomers. In light of increased usage by young people, we may need to deliver a clearer message about marijuana use." (AADAC Staff Input)

- Marijuana use among U.S. students in 2004 has decreased since peak use in 1997, especially among younger students. There has been an increase in the number of youth viewing marijuana as a dangerous drug.[136]
- The Ontario Student Drug Use Survey (2003) suggests that students' perceptions of risk about marijuana use have declined since 1989.[140]

Cocaine/Crack

- Next to cannabis, cocaine/crack remains the second most commonly used illicit drug in Canada.[8]
- Cocaine use is reported to have stabilized but is still seen as a significant trafficking threat for both Canada and the United States.[42] An estimated 15 to 24 metric tons of cocaine are imported into Canada annually.[117]
- Some authorities are concerned about potential increased cocaine production in Columbia, Peru and Bolivia.[42] In 2005, law

enforcement intelligence efforts will focus on drug trafficking from Columbia.[117]

- The United Nations predicts that cocaine prices may increase in response to the destruction of cocaine processing labs, aerial fumigation of cocoa crops and the seizure of 150 tons of cocaine in Columbia in 2004.[141]
- Prevalence of cocaine/crack use in Canada has increased in the last 10 years but remains relatively low (1.9% in 2004 up from 0.7% in 1994).[121]
- Past year use of cocaine was highest in Alberta, BC and Quebec (around 2.5%[f]).[121]
- There is anecdotal evidence that crack cocaine use is increasing among youth in Southern Alberta.[142]

"We continue to see an increase in the numbers of clients presenting with cocaine/crack as their drug of concern." (AADAC Staff Input)

"Crack cocaine has been the drug identified by clients (often ages 18 to 30) as the one they are most concerned about, and the one that collaterals (family members) raise as their greatest concern. Parents seeking help for adult sons using 'crack' as opposed to other substances has been quite common." (AADAC Staff Input)

The increasing recreational use of cocaine by Ontario students may be due to the phenomenon of "generational forgetting." That is, the current cohort of youth is unaware of the negative effects of cocaine that were readily apparent in the 1980s.

- The Ontario Student Drug Use Survey (OSDUS) shows that student perceptions of drug risks have weakened. Dr. Ed Adlaf, co-ordinator of the OSDUS, has expressed concern that the increasing recreational use of cocaine by Ontario students may be the result of the phenomenon of "generational forgetting." That is, the current cohort of youth is unaware of the negative effects of cocaine that were readily apparent in the 1980s.[143]

"Crack cocaine is an emerging issue. This issue is important because there is a need for counsellors to be prepared to meet the complex needs of this increasing client load. Because of the high addiction liability of this drug it is important to focus on prevention. The availability of this drug means that younger people could have access to it. This drug was primarily an adult drug and is now in the teen population." (AADAC Staff Input)

- In one Canadian study, cocaine use among grade 10 boys increased from 6% in 1998 to 8% in 2002 but decreased among girls (5% in 1998 and 4% in 2002).[127]

[f] Data release qualified due to high sampling variability.

- The drug of choice among Toronto's homeless adults and other disenfranchised populations is crack cocaine. Hepatitis C and HIV are serious public health risks associated with this drug.[9]
- Cocaine use among U.S. students has been stable for the past few years and remains lower than the years of peak use in the 1990s.[136]

Amphetamines and Other Stimulants

- Rates of past year use of speed are not available for Alberta due to high sampling variability.[121]
- The methamphetamine market in Alberta is reported to involve street-level "speeder" groups made up of users and dealers who commit crimes, trade stolen property and engage in identity fraud to support drug use. These groups are described as mobile and highly interconnected.[139]

"There has been an increase in the number of clients who attend detoxification for crystal meth (their main drug of abuse). More training is required for dealing with crystal meth clients." (AADAC Staff Input)

- Some research suggests that methamphetamine use is increasing.
  - There has been an increase in the number of clandestine methamphetamine labs seized.[42, 144]
  - Prevalence rates of methamphetamine are reported to be higher in western parts of Canada and the U.S. than in Eastern areas.[144]
  - There is anecdotal evidence that methamphetamine is gaining popularity in Toronto, especially among street-involved youth.[9]
  - Methamphetamine use is said to be growing in rural areas of the U.S.[145]

While the production and use of amphetamines continues to receive attention, use may be stabilizing.

- While the production and use of amphetamines continues to receive attention, use may be stabilizing.
  - The UNODC[9] opening remarks to the Commission on Narcotic Drugs in March 2005 indicate that consumption of amphetamine-type stimulants has stabilized worldwide.[135]
  - Methamphetamine use among Ontario students is described as low and stable, while amphetamine use has been stable for the past decade.[140]

[9] United Nations Office on Drugs and Crime

- Health Canada's study on the health risk behaviours of students found that amphetamine use decreased among grade 10 girls from 1998 (9%) to 2002 (5%) but remained at 10% during this time for boys in grade 10.[127]
- A 2003 Toronto study found that methamphetamine, speed and other stimulant use by adults and students has remained low.[9]
- Amphetamines and methamphetamine use among U.S. students is decreasing.[136]

Opioids

- In terms of health as measured by demand for services, opioids continue to rank as the most serious problem drugs in the world.[135]
- Opioids accounted for 67% of drug treatment in Asia, 61% in Europe and 47% in Oceania (Australia, New Zealand and the Pacific Islands).[135]
- Heroin demand is currently stable in Canada. In 2004, Afghanistan produced its largest opium harvest ever; it is unclear if the increase in Afghan-produced heroin will affect Canadian supply.[42, 74]
- A Canadian study of students found that reported heroin, opium and morphine use had remained steady at 3% for girls from 1998 to 2002 but had increased slightly for boys in grade 10 (6% to 7% in 2002).[127]
- Reported heroin use among U.S. students (2004) is lower than during the 1990s and has shown no change in the past year.[136]

With the increased availability of methadone maintenance in Alberta (i.e., second ODP clinic in Calgary, and private clinics operating in Calgary and Red Deer), this is becoming a more accepted method of treatment.

"With the increased availability of methadone maintenance in Alberta (i.e., second ODP clinic in Calgary, and private clinics operating in Calgary and Red Deer), this is becoming a more accepted method of treatment. There is an ongoing increase in demand for service." (AADAC Staff Input)

"Physician Guidelines for the delivery of methadone maintenance treatment in Alberta will be in place within the next year. These guidelines may require ODP to change practice and AADAC will have additional accountabilities under these guidelines. It is not known if there will be program cost implications as a result." (AADAC Staff Input)

- Health Canada has approved the use of buprenorphine (marketed as Subutex®), the first new treatment for opioid addiction in 40 years. This medication will provide an alternative to the use of methadone.[146]

- Diversion and injection use of buprenorphine has emerged as a recent concern in Australia, suggesting the need for routine monitoring.[147]

Ecstasy

Ecstasy use is reported to be decreasing.

- Ecstasy use is reported to be decreasing while the number of laboratory seizures has increased in Canada.[42]
- Reported past year ecstasy use among Albertans was 0.8%[h], lower than the Canadian average (1.1%).[121]
- A Health Canada study on student health risk behaviours found low rates of ecstasy use among grade 10 students with only slight increases from 1998 to 2002.[127]
- Ecstasy use among U.S. students has been decreasing in the last three years and there has been an increase in perceived risk associated with the drug.[136]
- Ecstasy use in the U.S. is reported to be spreading from raves to other venues. Users are described as among the youngest of club drug users.[148]

Club Drugs

- A *Globe and Mail* news article reported that GHB (gamma hydroxybutyrate) has become the "house-party drug of choice" among Vancouver clubbers.[149]
- GHB use among U.S. students has not changed in the last year.[136]
- Reported student use of Rohypnol® in the U.S. has not changed while ketamine use has dropped in the past year.[136]
- Ketamine users are more likely than other club drug users to use multiple drugs.[148]

Hallucinogens

- Reported past year hallucinogen use was less than 1% in Alberta (0.9%) and Canada (0.7%).[121]
- A Canadian study showed a significant drop in LSD use among grade 10 students from 1998 to 2002; the drop was sharper among girls (13% down to 3%) than among boys (13% down to 8%).[127]

[h] Qualified release.

- A U.S. study reports that LSD use is declining quickly and that LSD users are among the youngest of club drug users.[148]

Inhalants/Solvents

- Use of inhalants and solvents is low. Lifetime use of inhalants has increased in Canada since 1994 (0.8% up to 1.3% in 2004). Alberta's lifetime rate was 1.6%.[1] [121]

"There appears to be an increase in inhalant/solvent use. Schools and parents are expressing concern and requesting information." (AADAC Staff Input)

There appears to be an increase in inhalant/solvent use. Schools and parents are expressing concern and requesting information.

- While inhalant use decreased among Canadian students from 1998 to 2002, it was similar among boys in grades 9 and 10 (7%) but slightly higher among grade 9 girls (4%) than grade 10 girls.[127]
- The *Drug Use in Toronto* report (2004) indicates elevated levels of inhalant use among students (8%), especially among the youngest students.[9]
- *Monitoring the Future 2004*, suggests that use of inhalants and solvents among U.S. students may rebound. This prediction is based on increases in prevalence of use and decreases in student perceptions of harm associated with these substances.[136]

Steroids

- While the trafficking of steroids in both directions across the border is of less concern than other drugs, "significant amounts" of anabolic steroids continue to be routed through the U.S. into Canada.[42]
- A new designer steroid, desoxymethyltestosterone (DMT), was identified by Canada Customs in February 2005. The first designer steroid, tetrahydrogestrinone (THG), was identified in 2004. Both drugs have been banned by the World Anti-Doping Agency.[150]
- Lifetime use of steroids in Canada is very low (<1%).[121]

"Steroid use seems to be increasing among 18 to 24 year-olds. Relapse is an issue." (AADAC Staff Input)

- Reported steroid use remained the same among grade 10 students from 1998 to 2002 (4% for boys and 1% for girls).[127]

[1] Qualified release.

- Steroid use is down among younger U.S. students (grades 8 and 10) but has not declined among older students (grade 12) in the past year.[136]

iii) Prescription and Over-the-Counter Medications

- Some analysts are predicting that increased safety concerns about pain medications (e.g., Vioxx®) and antidepressants might slow the trend toward relying on lifestyle[j] medications.[151]
- Many adult Canadians (66%) have used[k] over-the-counter (OTC) medications and have used them at the same time as prescription medications (32%); this combination of use is more likely to occur among Canadians over age 65 (42%). Over one-quarter (28%) of Canadians combining OTC and prescription medications did not consult with a health care professional before doing so.[152]
- Populations at risk for prescription drug problems include youth, seniors, chronically ill people, Aboriginal people and athletes.[15]
- Prescription drugs commonly used for non-medical purposes include dextromethorphan, pain relievers, stimulants such as ephedrine and Ritalin®, barbiturates and tranquilizers.[127]
- The increase in non-medical use of prescription drugs (e.g., painkillers) and over-the-counter products (e.g., cough syrup) among U.S. students has prompted the media term, "Generation Rx."[153]
- A recent Health Canada study found that 10% of boys and 7% of girls in grade 10 had used medical drugs to get stoned; 8% of boys and 5% of girls had used Ritalin® to get high.[127]
- The increase in prescription drug misuse and abuse, in particular pain medication, has been identified as a growing public health concern in the U.S.[154]

Emerging issues include pain management, withdrawal of pain killers from the market, an increase in self medication using illicit substances or diverted prescribed medication and lack of resources (e.g., pain clinics).

"Emerging issues include pain management, withdrawal of pain killers from the market, an increase in self medication using illicit substances or diverted prescribed medication and lack of resources (e.g., pain clinics)." (AADAC Staff Input)

- The recent removal from the market of Vioxx® and other medications used to control arthritic pain may lead to an increase in the use of other prescription pain medications, including opioid-based drugs.[155]

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[j] Accepting or relying on variety of drugs to alleviate stresses of daily life and prevent illness.
[k] Used during the past six months.

- Codeine is an opioid that is heavily used and has the potential for addiction.[15] Tylenol #3 (with codeine) was the fifth most prescribed medication in Canada in 2004.[156]

- OxyContin® has become one of the most popular prescription pain medications in North America. Its growth has been attributed to an aging population, growing incidence of disease, increased awareness of pain management options and physician preference.[156]

"More clients in the Opioid Dependency Program also have pain management issues, particularly in the Calgary clinic. Client care is more complex for clients who also have pain management issues." (AADAC Staff Input)

- OxyContin® represented about one-quarter (25%) of oxycodone prescriptions in Canada in 2003.[156]

- In July 2004, the College of Physicians and Surgeons of Alberta released information about OxyContin® use in Alberta with suggestions for prescribing practices by physicians.[157]

- OxyContin® is dispensed in doses of 10 mg, 20mg, 40 mg and 80 mg. The higher strength products offer a greater abuse potential.
  - While 20 mg tablets are the most commonly prescribed doses in Canada, Alberta has high activity in 40 mg tablets (over 2 million units of 20 mg tablets and 1.5 million tablets of 40 mg).[156]

OxyContin® is dispensed in doses of 10 mg, 20mg, 40 mg and 80 mg. The higher strength products offer a greater abuse potential. While 20 mg tablets are the most commonly prescribed doses in Canada, Alberta has high activity in 40 mg tablets.

"Oxycodone continues to receive media attention as a drug of concern being diverted for use on the street. There have been a number of related media requests. Correct information needs to be communicated to the public." (AADAC Staff Input)

- Some treatment centres in the United States are publicly promoting the use of rapid opiate detoxification to treat OxyContin® addiction.[158, 159]

- *Addiction Professional* reports an increase in the prescription of methadone for pain control in an attempt to decrease oxycodone abuse. The article cautions such use and notes a steady increase in methadone-related emergency rooms visits and deaths in the last few years.[160]

"Staff are seeing increased reports of Dilaudid® as a drug of choice among clients. Dilaudid® is an opioid-based prescription pain medication used in hospitals. The impact to AADAC is the need for information and counsellor education." (AADAC Staff Input)

iv) Tobacco

- About 1.5 million people smoke cigarettes worldwide and it is estimated that this contributes to about 4.1% of the global burden of disease.[60]

"Tobacco users are presenting with more complex needs. For example, people wanting to quit because they are requiring surgery and want to stop smoking prior to the surgery. People wanting immediate assistance to quit prior to having medicals completed for insurance purposes." (AADAC Staff Input)

- The prevalence of smoking among Albertans continues to decline, although decreasing tobacco consumption is not consistent across age groups.[161]
- In 2003, 20% of Albertans (15 and older) were current smokers. This compares to 26% of Albertans who were smokers in 1999.[161]
- Young adults (20 to 24 years) have the highest smoking rate of any age group (31%). In this age group, women are more likely to smoke than men (32% vs. 29%).[161]

There are continued high rates of use and tobacco reduction efforts in each of these areas: young adults (aged 20 to 24) with a focus on workplaces, such as hospitality sector and other industries; Aboriginal off-reserve communities; pregnant women.

"There are continued high rates of use and tobacco reduction efforts in each of these areas: young adults (aged 20 to 24) with a focus on workplaces, such as hospitality sector and other industries; Aboriginal off-reserve communities; pregnant women." (AADAC Staff Input)

- A First Nations health survey reported that although Aboriginal smoking rates[1] appear to be declining, they are still higher than the Canadian average (57.6% vs. 26.9%).[37]
- Awareness of the risk of exposure to second-hand smoke continues to grow.[162]
  - One-third of non-smokers in Canada reported that they had almost daily exposure to second-hand smoke in the past month in public, at work, at home or in vehicles.
  - Exposure rates at work appear to be decreasing. In comparison to other provinces Alberta had a high rate of exposure in the workplace and a low rate in the home.

"We are getting workplace requests to have cessation groups set up for their employees. Workplaces feel if they offer cessation groups for their employees that it will provide a more convenient location and setting to assist them in their quitting attempts." (AADAC Staff Input)

[1] Those over 20 years of age who reported smoking daily or occasionally.

"Smoking still a hot topic of local debate. With recent plebiscite controversy over who should have more rights, smokers, or non-smokers, the latest research shows people will find a way to get around second-hand smoke issues. For example, use of shisha, traditional Middle Eastern water pipes that have been around for over 400 years, or the Volcano Vaporizer, with pinch of tobacco, smokers can get a big puff of nicotine without creating any second-hand smoke. The device has an element that heats the tobacco just enough to vaporize the nicotine." (AADAC Staff Input)

"Demand for tobacco cessation services. Currently people asking for assistance are given the Smokers' Help Line, but we are often asked for cessation groups [and] individual in-person assistance; we anticipate that we will continue to receive more requests for these types of services." (AADAC Staff Input)

"We are receiving increased requests for tobacco reduction services. Community partners and members request cessation groups. Many people who would like to quit smoking believe that cessation groups are the way to help them. Many community partners see AADAC as the experts on tobacco and would like to see an AADAC-run cessation group they can refer clients to." (AADAC Staff Input)

- Snus (rhymes with noose) is an alternative tobacco product for oral use marketed in the U.S. as a healthier alternative to smoking.[163]

"There has been an increase in spit tobacco use by youth, specifically girls, leading to health concerns that are a result of spit tobacco use." (AADAC Staff Input)

v) Gambling

- Globally, gambling continues to grow. In 2003, global revenues from gambling totalled $433 billion.[164]
- Gambling is predicted to grow through the use of new technology such as interactive satellite television and cell phones.[164]
- Lotteries continue to claim the largest sector of the gambling market, but on-line gaming is growing rapidly.[164]
- Gaming revenue is seen as an important source of support for charitable, not-for-profit, public and community-based initiatives. It is predicted to continue to increase with expected new and expanded casinos in Alberta; however, the effect of municipal smoking bans and Internet gaming on revenues is unknown.[5]

"An emerging issue is Internet gambling addiction. Within the growing number of clients presenting with gambling problems, an increasing number are

indicating that Internet gambling is at least part of their concern. These clients tell us of the easy, at-home, 24-hour access as contributing to their online use." (AADAC Staff Input)

Poker has exploded in popularity due to increased television coverage of professional tournaments, celebrity involvement and expansion of Internet poker.

- Poker is the fastest-growing area of on-line gambling.[165]
- Poker has exploded in popularity due to increased television coverage of professional tournaments, celebrity involvement and expansion of Internet poker.[166, 167, 168]

"There has been increased interest in poker and TV attention to celebrity poker is increasing interest in poker with young people." (AADAC Staff Input)

"People are engaging in watching poker tournaments on television. There has been an increase in youths and adults participating in gambling at home via poker card games." (AADAC Staff Input)

- A 2005 Decima poll found that about half of Canadians believe that playing Internet poker for cash is unacceptable and that out-of-control betting is a serious problem.[169]
- On-line lottery sites are now available in Ontario, Quebec, BC and the Maritimes. Canada's first government-owned lottery website, PlaySphere, is predicted to earn about $6 million annually for the four Maritime governments.[170]

"There are an increased number of gambling opportunities on the Internet. Easy access to gambling and access by those underage is a concern." (AADAC Staff Input)

- The United Kingdom has introduced legislation regulating Internet gambling.[165]
- A public poll reported that technology-based gambling appeals more to younger Canadians and it predicted that governments may see a decrease in gambling revenue as the population ages if they are unable to provide gambling experiences that appeal to younger people.[171]
- A small percentage of Ontario youth (2.5%) and adults (6.7%) reported Internet gambling in 2003.[172]

B. Substance Use and Gambling: Why Does This Matter?

Global attention is now focusing on the toll that alcohol use exacts on public health. Alcohol use remains the area of most concern for AADAC clients. High rates of alcohol consumption, heavy drinking and alcohol-related harm in Alberta suggest that this public health problem will require additional monitoring.

Cannabis and cocaine/crack use are of increasing concern, especially among youth. Information on amphetamine use is mixed, yet early evidence suggests that this trend may be stabilizing. Use of inhalants and solvents may require close attention.

AADAC may experience increased service requirements related to cannabis, crack cocaine and other illicit drug use. High rates of drug use and drug-related harm suggest that AADAC may need to assess its preparedness in providing information, prevention and treatment related to shifting drug concerns.

There is increased attention to the misuse of prescription and over-the-counter products, especially among youth. The use of OxyContin® and other opiate-based pain medication appears to be growing. Attention should be paid to the increased number of prescriptions for higher strength OxyContin® products in Alberta.

Tobacco use will continue to offer considerable policy and service demands. Global and local approaches to reducing smoking harm are increasing and the benefits are beginning to be felt. However, there are challenges related to responding to community needs in the face of the ongoing debate about government regulation of smoking in public places and at work. Smokeless tobacco use continues to be a concern.

Gambling will remain a major policy issue in Canada and Alberta (see Governance), and the rapid expansion of Internet gambling will require monitoring. The effect of Internet gambling on problem gambling rates is unknown.

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